

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3741AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/20/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOUCH OF CLASS CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>935 MANZANITA LANE RENO, NV 89509</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 7/31/08 and completed on 8/20/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, four Category I and four Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.  This Regulation is not met as evidenced by: Based on record review on 7/31/08, the facility did not ensure 1 of 3 caregivers had current first aid training.  Findings include:	Y 106		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 106	Continued From page 1  Employee #3 was hired on 5/15/06. The employee's first aid training expired in May of 2008.  Severity: 2 Scope: 1	Y 106			
Y 207 SS=C	449.211(4)(b) Automatic Sprinklers-Annual Inspections  NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC.  This Regulation is not met as evidenced by: Based on record review and interview from 7/31/08 through 8/20/08, the facility did not ensure its automatic fire sprinkler system was inspected annually.  Findings include:  The inspection tag on the fire sprinkler riser showed the system had last been inspected on 7/7//07, more than a year ago. The administrator stated she believed the system had been tested within the last year and faxed a work authorization sheet to the bureau on 8/4/08, but the date on the order was unclear. On 8/20/08, the fire inspection company provided documentation showing the system received its annual inspection on 8/1/08, one day after the survey.	Y 207			

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Y 207	Continued From page 2	Y 207		
Y 876 SS=D	<p>Severity: 1 Scope: 3</p> <p>449.2742(4) NRS 449.037</p> <p>NAC 449.2742</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.</p> <p>This Regulation is not met as evidenced by: NRS 449.037 Adoption of standards, qualifications and other regulations.</p> <p>6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given: (d) The prescribed medication is not administered by injection or intravenously.</p> <p>Based on record review and interview on 7/31/08, a facility employee was administering a medication by injection to 1 of 6 residents.</p> <p>Findings include:</p> <p>Resident #5 was prescribed quarterly Vitamin B12 shots and Employee #1 reported she was giving the shots to the resident. Employee #1 was a Registered Nurse (RN) and had a current</p>	Y 876		

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Y 876	Continued From page 3  Nevada license. The employee reported she believed an RN employed by the facility could give injectable medications to a resident.  Severity: 2 Scope: 1	Y 876			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.  This Regulation is not met as evidenced by: Based on record review and staff interview on 7/31/08, the facility did not ensure medications were administered as prescribed to 2 of 6 residents.  Findings include:  Resident #1: The resident was admitted on 2/5/08. On 2/4/08, the resident's physician ordered Ambien 5 mg, one tablet at bedtime as needed (PRN) for sleep. The resident's current medication bottle for Ambien reflected this PRN order. The July 2008 medication administration record (MAR) indicated the resident had received	Y 878			

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Y 878	Continued From page 4  the medication nightly throughout July.  The administrator, Employee #1, reported Resident #1 told her during her initial assessment on 2/5/08, that he had been taking the Ambien every night to help him sleep. The employee is a registered nurse and stated she talked to the resident's physician and received verbal approval to change the Ambien from a PRN to a nightly medication. No written order for the change could be found in the resident's file. The administrator stated the doctor changed the resident's Ambien order when he signed a medication review sheet she had written out for him on 2/7/08 that listed all the resident's medications, including the Ambien as a nightly medication. The Ambien was not written under the "Change Order" section of the form and the doctor did not acknowledge what was written on the form was a change to his original order. A change to the resident's Ambien prescription had also not been identified by the pharmacy for the last five months.  Resident #3: Review of the resident's physician's orders revealed the resident was prescribed Ensure, a meal supplement, PRN if her meal intake was less than 50%. The resident's July 2008 MAR indicated she was receiving a can of Ensure two times a day. The administrator stated her staff was not tracking the resident's meal intake. She stated the family asked her to give the resident the Ensure two times a day instead of as the physician had ordered it.  Severity: 2 Scope: 2	Y 878			
Y 885 SS=C	449.2742(9) Medication / Destruction  NAC 449.2742	Y 885			

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Y 885	<p>Continued From page 5</p> <p>9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 7/31/08, the facility did not destroy medications after a resident had been discharged.</p> <p>Findings include:</p> <p>At 9:15AM the facility refrigerator was inspected. The following medications were noted in a door compartment: a bottle of Tussin cough syrup, a bottle of Enxon Liquid, and a bottle of docusate sodium liquid.</p> <p>During an interview, the administrator stated all the medications found in the refrigerator were prescribed to a resident who had passed away five months prior to the date of the survey.</p> <p>Severity: 1 Scope: 3</p>	Y 885		
YA908 SS=A	449.2746(2)(a-f)PRN Medication Record	YA908		

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YA908	<p>Continued From page 6</p> <p>NAC 449.2746</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration;</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 7/31/08, the facility did not properly document as needed (PRN) medications for 2 of 6 residents.</p> <p>Finding include:</p> <p>Resident #1 - Review of the July 2008 medication administration record (MAR) revealed that the resident had received Ambien 5mg, nightly during that month. Review of the physician's order revealed the Ambien was ordered PRN for sleep. The MAR did not contain documentation regarding the reason for the administration, the results of the administration, or the initials of the person administering the medication.</p>	YA908			

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YA908	<p>Continued From page 7</p> <p>Resident #2: Review of the resident's physician's orders revealed the resident was prescribed Ensure, a meal supplement, as needed if her meal intake was less than 50%. Review of the July 2008 MAR showed the resident was receiving Ensure twice a day. The MAR did not contain documentation regarding the reason for the supplement, the results of the supplement, or the initials of the person administering the supplement.</p> <p>Severity: 1 Scope: 2</p>	YA908			

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